Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(C) A	177 (71		KLI OK	•
To I	3e Filed	By:		
۱.	2	LOBBY	ISTS	

(Sec. 67-6619)

Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY

STATE OF IDANS

(Type or print clearly in black ink) See instructions at bottom of page

See instructions at bottom of page				
Lobbyist's name and permanent business address	Date prepared	Period cov	ered	
James Yu AREVA Inc. 4800 Hampden Lane, Suite 1100	4/10/2008	(Mo.)	(Day)	(Yr.)
Bethesda, MD 20814		3	31	80
Item Totals of all percentable expenditures made as incurred by Lobbyis	t or by Lobbyist's Employer on b	abalf of Labbuie	r'e Emplo	ver

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Penaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	\$0.00	\$	\$	\$	s		
Living Accommodations	0.00		11/A V				
Advertising	0.00			m - part - samp + pap + \ \ samp - \ \ samp			
Travel	0.00	,					
Telephone	0.00		1 a 11 4 11 4 11 11 11 11 11 11 11 11 11 11				
Other Expenses or Services	0.00						
Total	s0.00	s0.00	s 0.00	s0.00	s 0.00		

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.						
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
		None					
	Continued on	attached page(s)	1	l			

Continued on attached page(x)		
INSTRUCTIONS	item 3	Employer(s) Name(s) and Address(cs)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. I	
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.	No. 2	
TO BE FILED WITH: Ben Yeursa Secretary of State	No. 3	
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

4 F				Official or for or on behalf of any Legislator, Public or Executive Official.  ame of Legislator, Public or Executive Official Receiving or Benefiting				
em S	Date Subject matter or House Bill, he Lobbyist woode Bill, Re	Amount None of proposed legislat Resolution or other as supporting or or	ion, the number of the Senate logislative activity in which		LEGISLATIVE SUR Code Subject 01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments		BJECT IDENTIFICATION  Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health	
				04 05 06 07 08 09 10 11	Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	21 22 23 24 25 26 27 28 29 30	insurance) Labor, salaries and wages. collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications. televisions, radio, newspaper, power, CATV, gas Other (please specify)	
6 bid	ntify any rule or bid proces porting or or	ss, financial service	sion, procurement, contract, s or bond lobbyist was		CERTIFICATION: I hereby certify correct statement in accordance we have been statement in accordance with the accordance we have bear accordance we have been statement in accordance we have been s			